

STEP 3

REPLY TO EMPLOYEE GRIEVANCE Department Director

Department Director or Representative's Signature

Date

Employee Answer:

- ☐ I accept the answer to my grievance.
- ☐ I do not accept the answer to my grievance and will refer it to the next step.
- ☐ I do not accept the answer to my grievance and wish to refer my grievance to the State Employee Grievance Appeal Panel.

Note: Explain fully why you do not accept the above response/decision.

Grievant's Signature: _____

Date: _____